PATENT APPLICATION RECORD  Effective October 1, 2000  Application or Docket Number  OCTOBER  Application or Docket Number									
CLAIMS AS FILED - PART I					ALL E		<u></u>	OTHER	
(Column 1) (Column 2)					PE [		OR	SMALL	ENTITY
TOTAL CLAIMS	33				RATE	馬		RATE	FEE
FOR	NUMBER FI	LED NUM	NUMBER EXTRA		SIC FEE	<355.00°	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS	3 Aninu	s 20= *	12		(\$ 9=	109	OR	-X\$18 <b>≘</b> ⊭	IMP CHAN
INDEPENDENT CLAIMS	a mini	us 3 = *			<b>(40=</b>		OR	- X80=⊜.	
MULTIPLE DEPENDENT CLAIM PRESENT					135=	**	OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2					OTAL	4768		TOTAL	
CLAIMS AS AMENDED - PART II							2	OTHER	THAN
(Column 1)		(Column 2)	(Column 3)	S	MALL	ENTITY	OR	SMALL	NULY
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT	F	RATE	ADDI- TIONAL FEE	er and pro-	RATE	ADDI- TIONAL MEEL
AFTER AMENDMENT  Total	Minus	••	=	*>	(\$ 9=		OR	-X\$18≌≱	
Independent .	Minus	***			(40≒		OR	X60	
FIRST PRESENTATION OF M	ULTIPLE DEPI	ENDENT CLA	М		135=		OR	;;270 <u>⇒</u>	
	Market State of the Control of the C				TOTAL		1.20	1014	
(Column 1)		(Column 2)	(Column 3)		)IT. FEE			ADDILG-E	Service Control
		HIGHEST	A Section		lans a	ADDI			ADDIE
CLAIMS REMAINING REMAINING AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT		ATG			EVALE	TAOKYL.
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Independent • • • • • • • • • • • • • • • • • • •	Minus	THE TANK	5. 5.		(40≌‡	164 <b>449</b> 44	OB		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					Links b	- American			
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				ADI	TOTAL HT. FEE		JOR	ADDIT. FEE	
(Column 1)		(Column 2)	(Column 3	)		a superior to the superior to	market a		
CLAIMS REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		MATE	ADDIS TIONAL EEE		RYVE	ADDI- TOMAL EEE
Total Color	Minus	**			(\$'9≣		OP	X810=	
independent .	Minus 🐢	. ***			(40=**			X:0=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						MALLAN	JUH		
					135=		OR	+270=\$	
* If the entry in column 1 is less than the entry in column 2, writ "0" in column 3.					TOTAL DIT. FEE		OR	TOTAL ADDIT FEE	
If the Highest Number Previously I	Paid For" IN THIS	SPACE is less	than 3, enter "3."		in the ar	propriate bo	x in ca	olumn 1. 🗘	

Application or Docket Number